

UNIVERSITY OF CALIFORNIA HOSPITAL
SAN FRANCISCO

Hospital No. 57215Age 41

CONSENT FOR OPERATION AND OR ADMINISTRATION OF ANAESTHETIC

(No operation will be performed until this consent has been executed)

(I) ~~We~~ hereby consent to (1) the performing of such operations, and (2) the administering of any anaesthetic in connection therewith, or for purposes independent of any operation, deemed necessary or advisable upon or to me _____ (Name of patient.)

Strike out word "me" if Consent is not signed by patient, but in all cases insert name of patient.

X _____

(Signatures of patient and/or other person or persons giving consent.)

THIS PORTION OF FORM TO BE USED ONLY WHEN SOME ONE OTHER THAN THE
PATIENT GIVES THE CONSENT

(I) _____ (my)
(We) certify that (our) relationship to said _____

Name of patient. _____

(a) mother

is that of (b) _____

(c) _____

(a) X _____

Signature (b) _____

(c) _____

The signer(s) of the above Consent and Certificate (read the same in my presence),
(Had the same by me read aloud to (him) (her) (them);

on this 2nd day of May, 19 46 and on said day stated to me that ~~(he)~~ (she)
understood the same. ~~(they)~~

(Strike out part not used.)

Virginia M. Montgomery
Witness

-0002535

Witness.